### **Department of Community Development**Flagstaff, AZ 86001 Phone: (928) 226-2700 Fax: (928) 226-2701 Flagstaff, AZ 86001

# VARIANCE APPLICATION

APPLICANT	SUBMITTAL CHECKLIST	
Name	$\square$ \$400 non-refundable filing fee.	
<i>Mailing</i> Address	The purpose of this fee is to pay for legal noticing and application processing.	
	☐ A <i>typewritten</i> narrative describing the request and conformance to the findings for a variance. (See reverse,	
Contact Person	☐ Seven copies of the proposed site plan—scaled and	
Phone Fax  Email	dimensioned—detailing property boundaries; topographic characteristics; existing improvements and uses; and proposed improvements and uses.	
PROPERTY INFORMATION  Assessor's Parcel #	All materials must be folded to fit in a legal-size file (8"x13") and labeled so that the applicant's name and project location are visible.	
Subdivision	☐ A <i>typewritten</i> list of names and addresses of all property owners within 300 feet of subject property.	
Unit # Lot #		
Address/Location	CERTIFICATION & SIGNATURE	
Zoning	Submittal of this application constitutes consent of the applicant in granting the Department of Community Development access to the subject property during the course of project review.  No further consent or notice shall be required.	
Existing Land Use	I hereby certify that the information in this application is	
Lot Size	correct and agree to abide by the regulations of this jurisdiction.	
VARIANCE REQUEST	Signature of Applicant	
Please provide a brief description of the variance request.	Date	
	Signature of Property Owner (if not the applicant)	
	Date	

OFFICE USE	ONLY
Received By	Date
Receipt #	Fee
Case #	
Related Cases	

BOARD OF	ADJUSTM	ENT	
☐ Approved with Cond	itions (see attachments)	☐ Denied	04/01/04
Resolution #	Date		CD-VAR4

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## **Guidelines for Requesting a Variance**

### **PUBLIC HEARINGS**

The Board of Adjustment (BOA) meets on the third Tuesday of every month. The deadline for filing an application is the Monday five weeks prior to the BOA meeting day. You will be notified by mail of the meeting date, time, and place.

Application	<b>Board of Adjustment</b>
Submittal Deadline	Public Hearing Date
November 15, 2004	.December 21, 2004
December 20, 2004	.January 18, 2005
January 14, 2005	.February 15, 2005
February 14, 2005	.March 15, 2005
March 14, 2005	.April 19, 2005
April 18, 2005	.May 17, 2005
May 16, 2005	.June 21, 2005
June 20, 2005	.July 19, 2005
July 18, 2005	.August 16, 2005
August 16, 2005	.September 20, 2005
September 19, 2005	.October 18, 2005
October 17, 2005	November 15, 2005
November 14, 2005	December 20, 2005
December 19, 2005	.January 17, 2006
January 13, 2006	February 21, 2006

### **FINDINGS**

Pursuant to Section 20.7-7 of the Coconino County Zoning Ordinance, the Board of Adjustment must make the following findings if they are to approve a variance request.

Applicants for a variance must provide an explanation of how their request meets the following criteria.

- 1. That strict or literal interpretation and enforcement of the specified regulation would result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of this chapter.
- 2. That there are exceptional or extraordinary circumstances or conditions applicable to the property involved which do not apply generally to other properties in the same zone.
- 3. That strict or literal interpretation and enforcement of the specified regulation would deprive the applicant of privileges enjoyed by the owners of other properties in the same zone.
- 4. That the granting of the variance as conditioned will not constitute the granting of a special privilege inconsistent with the limitations on other properties in the vicinity classified in the same zone.
- 5. That the granting of the variance will not be detrimental to the public health, safety, or welfare, or materially injurious to properties or improvements in the vicinity.

#### **APPEALS**

A decision of the Board of Adjustment on a variance may be appealed within thirty days to the Superior Court. Appeals may be made by the applicant or any other aggrieved person(s) as prescribed in ARS 11-807.